

Mailing Address  
P.O. Box 1291  
Buffalo, NY 14240-1291

Overnight Mail  
220 Northpointe Parkway  
Suite G  
Amherst, NY 14228



STEVEN J. BAUM, P.C.  
ATTORNEYS AT LAW

Phone Number  
716-204-2400

Fax Number  
716-204-4600  
Not for Service  
Web Site  
WWW.MBAUM.COM

April 27, 2010

Joshua N. Bleichman, esq.  
Bleichman & Klein  
268 Route 59  
Spring Valley, NY 10977

Re: Edith Wheeler  
Case No. 10-22547-rdd

Dear Mr. Bleichman, Esq.:

Our office represents JP Morgan Chase Bank, N.A. in the above-mentioned matter. We are in receipt of the Debtor's loss mitigation request. Please be advised that the loss mitigation contact for JP Morgan Chase Bank, N.A. is:

Clayton Scherf  
10790 Rancho Bernardo Road  
San Diego, CA 92127  
Phone: 858-605-2128  
Fax: 1-877-421-5008  
E-mail: [clayton.a.scherf@chase.com](mailto:clayton.a.scherf@chase.com)

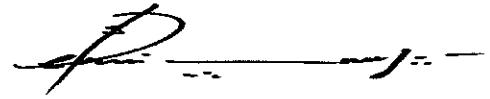
JP Morgan Chase Bank, N.A. has advised our office that in order to review for any loss mitigation options they will need the following:

- Two most recent pay stubs
- Most recent bank statement
- Most recent tax return
- Proof of occupancy
- Proof of payment of most recent taxes
- Proof of payment of Homeowner's insurance
- Proof of payment of Homeowner's Association Fees
- Enclosed financial worksheet

Please have your clients complete the enclosed forms and return via facsimile along with the required documents to our office at 716-204-4651 in order for us to forward to our client.

Very truly yours,

STEVEN J. BAUM, P.C.



By: Dennis Jose, Esq.

The law firm of Steven J. Baum, P.C. and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose. However, if you are in bankruptcy or received a bankruptcy discharge of this debt, this communication is not an attempt to collect the debt against you personally, but is notice of a possible enforcement of the lien against the collateral property.

cc:

EDITH WHEELER



## Homeowner's Information Packet

### for Chase and EMC Customers

In order for us to evaluate your request you must complete the enclosed packet and fax or mail it to Chase with the required documentation. Please keep a copy for your records.

This packet contains the following items that must be completed, in full, in order for your evaluation request to be completed in a timely manner:

**Section 1. Required Documentation for Borrower and Co-Borrower Checklist –**

Detailed list of the documents you must send to us in addition to the packet

**Section 2. Financial Information Form –**

Provides information about your property, loans, income, etc.

**Section 3. Home Affordable Modification Program Hardship Affidavit –**

Explains the circumstances that have made it difficult for you to stay up-to-date with your mortgage payments

**Section 4. 4506-T EZ Request for Transcript of Tax Return Form –**

Allows Chase to receive a transcript of your tax return to verify income information

**If you need any assistance completing this packet please contact us at 800-848-9380.**

Please send the completed packet as well as all required documentation to Chase:

By Regular Mail:

Chase Fulfillment Center  
P.O. Box 469030  
Glendale, CO 80246

By Overnight Mail:

Chase Fulfillment Center  
4500 Cherry Creek Drive South  
Suite #410  
Glendale, CO 80246

By Fax: 866-282-5682

#### Important Information

Chase Home Finance LLC is attempting to collect a debt, and any information obtained will be used for that purpose.

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. If you are represented by an attorney, please refer this letter to your attorney and provide us with the attorney's name, address, and telephone number.

If you are currently a debtor in bankruptcy proceedings and subject to the protections of the automatic stay, or if you have received a final discharge in a bankruptcy, this notice is for compliance and/or informational purposes only and not an attempt to impose personal liability for the debt in violation of the bankruptcy laws. However, Chase Home Finance LLC still has the right under the Mortgage to foreclose on the Property.

An important reminder for all our customers: As stated in the "Questions and Answers for Borrowers about the Homeowner Affordability and Stability Plan" distributed by the Obama Administration, "Borrowers should beware of any organization that attempts to charge a fee for housing counseling or modification of a delinquent loan, especially if they require a fee in advance." Chase offers loan modification assistance free of charge (i.e., no modification fee required). Please call us immediately at 866-550-5705 to discuss your options. The longer you delay the fewer options you may have.

**Borrower(s) Name:** \_\_\_\_\_

**Loan Number(s):** \_\_\_\_\_

Owner Occupied

Non-Owner Occupied



## **SECTION 1: Required Documentation for Borrower and Co-Borrower**

### **If you are a Wage Earner (you receive a W-2 from your employer) please use the following checklist:**

- Two (2) most recent Pay Stubs (two for each borrower)  
Length of service with Current Employer: Borrower Year(s): \_\_\_\_\_ Month(s): \_\_\_\_\_ Co-Borrower Year(s): \_\_\_\_\_ Month(s): \_\_\_\_\_
- Most recent one (1) month's of Complete Bank Statement (must provide all pages)
- Most recent statement(s) supporting assets listed on page 2 of the Financial Information Form (must provide all pages of statements)
- Most recent Tax Return Completed (signed with all pages) or most recent filed and proof of extension (signed with all pages)
- Proof of Income for other household members living in the home (Alimony, Child Support, Pension, etc.)  
if you want such income considered for a loan workout
- Proof of any other Income received (Alimony, Rental, Child Support, Pension, etc.)
- Proof of occupancy – a recent utility bill in your name at property address
- If loan is Non-Escrowed
  - A) Copy of the most recent property tax bill(s) with a copy of the canceled check for all applicable taxes (County, City, School, etc.)
  - B) Copy of the current insurance declaration page for all applicable coverage types (must show premium amount for homeowner's, flood, and wind)
  - C) Proof of payment of Homeowner's Association Fees (if applicable)
- Non-Owner Occupied (ONLY)
  - A) Rental Income with copies of Rental Agreement
  - B) Principal, Interest, Taxes, and Insurance for Primary Residence \$ \_\_\_\_\_
  - C) Mortgage Holder(s) for Primary Residence \_\_\_\_\_
  - D) Primary Residence Address (input below)
- Completed Financial Information Form (enclosed)
- Completed Hardship Affidavit (enclosed) – completed and signed by all Borrowers (no notary required)
- Completed 4506-T – Request for Transcript of Tax Return (enclosed)

### **If you are Self Employed, please use the following checklist:**

- P & L Statement / Audited or reviewed YTD Income Statement (must provide)
- Most recent two (2) years' Tax Returns Completed (personal and business, signed with all pages) or 1099s or most recent two (2) years filed and proof of extension
- Last four (4) months' of complete Business and Personal Bank Statements (must provide all pages. If a business account is not used, provide a written statement stating a business account is not used.)
- Most recent statement(s) supporting assets listed on page 2 of the Financial Information Form (must provide all pages of statements)
- Length of time of Business Ownership: Borrower Year(s): \_\_\_\_\_ Month(s): \_\_\_\_\_ Co-Borrower Year(s): \_\_\_\_\_ Month(s): \_\_\_\_\_
- Proof of Income for other household members living in the home (Alimony, Child Support, Pension, etc.)  
if you want such income considered for a loan workout
- Proof of any other Income received (Alimony, Rental, Child Support, Pension, etc.)
- Proof of occupancy – a recent utility bill in your name at property address
- If loan is Non-Escrowed
  - A) Copy of the most recent property tax bill(s) with a copy of the canceled check for all applicable taxes (County, City, School, etc.)
  - B) Copy of the current insurance declaration page for all applicable coverage types (must show premium amount for homeowner's, flood, and wind)
  - C) Proof of payment of Homeowner's Association Fees (if applicable)
- Non-Owner Occupied (ONLY)
  - A) Rental Income with copies of Rental Agreement
  - B) Principal, Interest, Taxes, and Insurance for Primary Residence \$ \_\_\_\_\_
  - C) Mortgage Holder(s) for Primary Residence \_\_\_\_\_
  - D) Primary Residence Address (input below)
- Completed Financial Information Form (enclosed)
- Completed Hardship Affidavit (enclosed) – completed and signed by all borrowers (no notary required)
- Completed 4506-T – Request for Transcript of Tax Return (enclosed)

Primary Address: \_\_\_\_\_

Comments: \_\_\_\_\_



## SECTION 2: Financial Information Form

Loan Number: \_\_\_\_\_

Page 1 of 3

BORROWER INFORMATION					
<p><i>Chase offers options for resolving your home loan issues. Please answer the questions below as completely and accurately as possible. This information will only be used to aid in the evaluation of homeownership preservation options, not for any other purpose.</i></p>					
Borrower			Co-Borrower		
Name (Include Jr. or Sr. if applicable)			Name (Include Jr. or Sr. if applicable)		
Social Security Number _____			Social Security Number _____		
Home Phone ( )		Best Time to Call:	Home Phone ( )		Best Time to Call:
Work Phone ( )		Best Time to Call:	Work Phone ( )		Best Time to Call:
Other Phone ( )		Best Time to Call:	Other Phone ( )		Best Time to Call:
E-mail Address			E-mail Address		
Permission to Contact Via E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No			Permission to Contact Via E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
PROPERTY INFORMATION					
Property Address (street, city, state & zip code)			Mailing Address (If different than Property Address)		
Reside at Property? <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower		Want to Retain Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of People in Household		# of Dependents
# of Units at Property		Property Condition? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Is the Property for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		Listing Amount: \$_____
Realtor Name		Realtor Address			Realtor Phone ( )
LOAN INFORMATION					
Loan Account Number		Months Past Due	Second Loan Account Number Mortgage Company	Second Loan Months Past Due	Balance \$
Are you currently working with Chase on a foreclosure prevention resolution? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which foreclosure resolution is in process? <input type="checkbox"/> Refinance <input type="checkbox"/> Repayment Plan <input type="checkbox"/> Short Sale <input type="checkbox"/> Modification <input type="checkbox"/> Deferment <input type="checkbox"/> Deed-in-Lieu			
Chase Associate Name		Chase Associate Phone ( )			Date Process Began
BANKRUPTCY STATUS					
<p><i>If you are in an active bankruptcy, we will need to work with your attorney on a possible resolution.</i></p>					
Are you in an Active Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Bankruptcy Chapter Type		Bankruptcy Case Number	
Bankruptcy Attorney Name		Bankruptcy Attorney Address			Bankruptcy Attorney Phone ( )
EMPLOYMENT INFORMATION					
Borrower			Co-Borrower		
Employer			Employer		
Employer Address			Employer Address		
Employer Phone ( )		How long employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Self Employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No



Borrower Name: \_\_\_\_\_  
 Loan Number: \_\_\_\_\_

## SECTION 2: Financial Information Form

Page 2 of 3

### MONTHLY INCOME INFORMATION

Borrower		Co-Borrower	
Income Source (Employer Name, Rental, etc.)	Monthly Gross Income	Income Source (Employer Name, Rental, etc.)	Monthly Gross Income
Employer:	\$	Employer:	\$
Employer:	\$	Employer:	\$
Employer:	\$	Employer:	\$
Employer:	\$	Employer:	\$
Rental Income:	\$	Rental Income:	\$
Other:	\$	Other:	\$
Other:	\$	Other:	\$
Total	\$	Total	\$
<b>Borrower / Co-Borrower</b>	<b>Additional Income Description</b> <i>Alimony, child support, or separate maintenance income need not be revealed if Borrower or Co-Borrower does not choose to have it considered for approval of a loan workout.</i>		<b>Monthly Amount</b>
			\$
			\$
			\$
Total			\$

### ASSETS

Asset	Amount Owed	Value	Vehicle	Model/Year	Amount Owed	Value
Home	\$	\$	Automobile		\$	\$
Other Real Estate	\$	\$	Automobile		\$	\$
Retirement Funds	\$	\$	Automobile		\$	\$
Investments	\$	\$	Motorcycle		\$	\$
Checking Balance	\$	\$	Boat		\$	\$
Savings Balance	\$	\$	Motor Home		\$	\$
Other:	\$	\$	Airplane		\$	\$
Other:	\$	\$	Other:		\$	\$
Other:	\$	\$	Other:		\$	\$
Total	\$	\$	Total		\$	\$



Borrower Name: \_\_\_\_\_

**SECTION 2: Financial Information Form**

Loan Number: \_\_\_\_\_

Page 3 of 3

**MONTHLY EXPENSES**

Monthly Expense	Borrower	Co-Borrower
Other Home Loans, Rents & Liens	\$	\$
Auto Loan(s)	\$	\$
Auto Insurance & Other Auto Expenses	\$	\$
Credit Cards & Installment Loans	\$	\$
Health Insurance	\$	\$
Medical Expenses	\$	\$
Child Care, Child Support & Alimony	\$	\$
Food	\$	\$
Miscellaneous Spending Money	\$	\$
Utilities	\$	\$
Communications (Phone, Cell Phone, Internet)	\$	\$
Other	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

I agree that the financial information provided is true and accurate as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of the information contained in this document may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon the document, and/or in criminal penalties including but not limited to fine or imprisonment or both under the provisions of Title 18 United States Code, Sec. 1001, et seq. I understand and acknowledge that any action taken by the lender is in strict reliance on the financial information provided. My signature/acceptance below grants the holder of my mortgage or its designee the authority to confirm the information that I have disclosed in this financial statement, to verify it as accurate by ordering a credit report, and to contact my realtor and/or credit counseling service.

By providing a wireless telephone number, you consent to receiving autodialed and pre-recorded message calls from the lender or its third-party debt collector at that number.

I represent that

I am

I am not

currently occupying the property securing the loan as my primary residence and that I intend to continue occupying the property as my primary residence.

Borrower Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Borrower Signature \_\_\_\_\_

Date \_\_\_\_\_

### **SECTION 3: Home Affordable Modification Program Hardship Affidavit**

Borrower Name (first, middle, last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Co-Borrower Name (first, middle, last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

Property City, State and ZIP: \_\_\_\_\_

Servicer: \_\_\_\_\_

Loan Number: \_\_\_\_\_

In order to qualify for \_\_\_\_\_'s ("Servicer") offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

**Borrower      Co-Borrower**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details under "Explanation" (page 3).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details under "Explanation" (page 3).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details under "Explanation" (page 3).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details under "Explanation" (page 3).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details under "Explanation" (page 3).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	There are other reasons I/we cannot make our mortgage payments. I have provided details under "Explanation" (page 3).

Borrower Name: \_\_\_\_\_  
Loan Number: \_\_\_\_\_

### Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER		CO-BORROWER	
<input type="checkbox"/> I do not wish to furnish this information		<input type="checkbox"/> I do not wish to furnish this information	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	

To be completed by Interviewer		
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name and Phone Number (print or type)  (        )	Interviewer's Signature  Date
Name and Address of Interviewer's Employer		

### Borrower/Co-Borrower Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.

Borrower Name: \_\_\_\_\_  
Loan Number: \_\_\_\_\_

8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.
9. I/we accept and agree to all terms of the Home Affordable Modification Trial Period ("Trial Period") Plan which is incorporated herein by reference as if set forth in full.
10. I/we agree that when the Servicer accepts and posts a payment during the Trial Period it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
11. I/we agree that any prior waiver as to payment of escrow items in connection with my loan has been revoked.
12. I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
13. I/we understand that Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of the Trial Period Plan and Modification Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services for the Home Affordable Modification Program and the Second Lien Modification Program; and (e) any HUD certified housing counselor.

---

Borrower Signature

Date

---

Co-Borrower Signature

Date

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Numbers:

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Explanation:

Borrower Name: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Explanation (continued):

## Short Form Request for Individual Tax Return Transcript

► Request may not be processed if the form is incomplete or illegible.

**Tip:** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	
Third party name  Chase Fulfillment Center	Telephone number  800-848-9380
Address (including apt., room, or suite no.), city, state, and ZIP code	
Regular Mail: PO Box 469030, Glendale, CO 80246      Overnight Mail: 4500 Cherry Creek Drive South, Suite 410, Glendale, CO 80246	
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.	
2007	2008

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

**Note.** This form must be received within 60 days of signature date.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

**Automated transcript request.** You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

**Where to file.** Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIWS teams, send your request to the team based on the address of your most recent return.

## Where to mail . . .

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIWS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIWS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIWS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIWS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

**Signature and date.** Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.